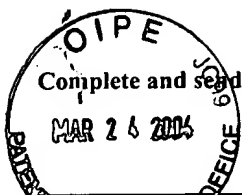


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Complete and send this form, together with applicable fee(s), to: Mail

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MeAdy J. Almborg	(Depositor's name)
<i>[Signature]</i>	(Signature)
March 24, 2004	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/891,844	06/26/2001	Kyle M. Hanson		4760

TITLE OF INVENTION: PROCESSING APPARATUS WITH SENSORY SUBSYSTEM FOR DETECTING THE PRESENCE/ABSENCE OF WAFERS OR OTHER WORKPIECES

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$300	\$1630	03/24/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
VALENTINE, DONALD R	1742	205-205000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

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(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Semitool, Inc.

Kalispell, MT

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